

Sample Food Employee Reporting Agreement

Preventing Transmission of Diseases
Through Food by Infected Food Employees

The purpose of this agreement is to ensure that Food Employees and Applicants who have received a conditional offer of employment notify the Person in Charge when they experience any of the conditions listed so that the Person in Charge can take appropriate steps to preclude the transmission of foodborne illness.

I AGREE TO REPORT TO THE PERSON IN CHARGE:

Any of the Following Symptoms, Either While at Work or Outside of Work:

1. Diarrhea
2. Fever
3. Vomiting
4. Jaundice
5. Sore throat with fever
6. Lesions containing pus on the hand, wrist, or an exposed body part (*such as boils and infected wounds, however small*)

MEDICAL DIAGNOSIS

Whenever diagnosed as being ill with Norovirus, *Salmonella* Typhi (typhoid fever), *Shigella* spp. (shigellosis), *Escherichia coli* O157:H7, hepatitis A virus, *Entamoeba histolytica*, *Campylobacter* spp., *Vibrio cholera* spp., *Cryptosporidium parvum*, *Giardia lamblia*, Hemolytic Uremic Syndrome, *Salmonella* spp. (non-typhi), *Yersinia enterocolitica*, or *Cyclospora cayetanensis*.

HIGH-RISK ACTIVITIES OR CONDITIONS

1. Exposure to or suspicion of causing any confirmed outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 infection, or hepatitis A
2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to *E. coli* O157:H7, or hepatitis A
3. A household member attending or working in a setting experiencing a confirmed outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 infection, or hepatitis A

I have read (or had explained to me) and understand the requirements concerning my responsibilities under section 19-13-B42 of the Connecticut Public Health Code and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment.

Applicant or Food Employee Name (please print) _____

Signature of Applicant or Food Employee _____ **Date** _____

Signature of Permit Holder or Representative _____ **Date** _____